

DA Supplemental Provider Review Tool - Health Care Coordination Services

The waiver includes adult day services, attendant care, case management, homemaker, residential based habilitation, respite care, structured day program, supported employment, behavior management/behavior program and counseling, environmental modifications, healthcare coordination, occupational therapy, personal emergency response system, physical therapy, specialized medical equipment and supplies, speech-language therapy and transportation. These are waiver services options that can be provided and will be services that people are receiving. Not everyone will be receiving the same services, however. Some will receive Physical Therapy or Transportation or Attendant Care, or some other service that reflects their needs.

The **Provider Compliance/Consumer Satisfaction Tool** will be supplemented with the following tool depending on what waiver service the person is currently receiving. A review of the CCB/POC will determine what services the person has. The Reviewer will determine by reviewing the CCB/POC and talking with the Case Manager the exact services the person has. By so doing, the Reviewer will take the appropriate supplemental Provider Review Tool to complete the Review. The following is an example of that supplemental Provider Review Tool for a person who is receiving **Health Care Coordination** services:

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<p>Waiver Services: Health Care Coordination</p> <p>Waiver Assurances</p> <p>Recommended Probes</p>		<p style="text-align: center;">Discovery Mechanisms</p> <p>Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the Reviewer. Guidelines are intended to help the Reviewer to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.</p>		
<p>Health Care Coordination: Desired Outcome: <i>Health Care Coordination is provided by a Registered Nurse to monitor medical coordination of an individual's health care</i></p>		<p>Spending Time With People</p> <p>(Initially during the conversation with the person using the Personal Outcome Measures®, then throughout the Review process.)</p> <p>Examples only: specific situations may change observations.</p>	<p>Conversations With People</p> <p>Selected Examples only: specific situations may change conversations with people.</p>	<p>Review of Documents</p> <p>Examples only: specific situations may change documents needing review.</p>
<p>Planning</p>	<p>HCC I.A.1 The provider's coordination of health care leads to health stabilization, prevention of decompensation, management of chronic conditions and/or improved health status for the individual.</p> <ol style="list-style-type: none"> 1. Has the level of health care coordination been determined by a health care professional (RN, Doctor)? 2. Is Health Care Coordination provided by an RN? 3. Is there a health care plan in 		<p>Ask the individual what types of health care coordination services are provided by the nurse.</p>	<p>Note: The Reviewer will request documentation from the RN to be faxed.</p> <p>Review the CCB/POC for evidence of type and amount of required health care coordination. (Faxed or electronic documentation.)</p> <p>Review documentation for evidence of a health care plan. (Faxed or electronic</p>

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	<p>place?</p> <p>4. Is the health care plan based on the needs identified in the POC/CCB?</p>			<p>documentation.)</p> <p>Evaluate if content of health care plan matches identified needs in POC/CCB.</p>
<p>Schedule and implementation</p>	<p>HCC I.B.1 The individual receives Health Care Coordination on a regular schedule</p> <ol style="list-style-type: none"> 1. Are there weekly consultations or reviews conducted by the RN? 2. Are these consultations documented? 3. Are there face to face visits between the RN and the individual at least monthly? 4. Is there a written quarterly report that is distributed to at least the individual, guardian, case manager, and service providers? 5. Are activities limited to physician consults, medication ordering, and the development and oversight of the health care plan? 6. Are coordination activities within an eight hour time frame per month? 		<p>Ask the individual if they see the RN on at least a monthly basis.</p>	<p>Review documentation for types and frequency of interventions.</p> <p>Look for:</p> <ol style="list-style-type: none"> a. evidence of weekly reviews/consultation, b. monthly visits to individual, c. quarterly reports, d. Billing for up to 8 hours per month.